

## **Arkansas Public Employees Retirement System (APERS) Designation of Beneficiary Form**

This form is to be used by active employees who wish to change their beneficiary designation.

\*If you are an active non-contributory member who is changing to the contributory program, this form must be attached to your contributory election form.

### **INSTRUCTIONS TO COMPLETE FORM:**

- Complete all requested information on the form.
- Use your full name (not nickname)
- Sign the form on the line provided and give your current address
- This form must be notarized by a Notary Public
- Return the form to the HR Manager to be processed

PLEASE NOTE: Incomplete, illegible or otherwise unclear forms will be returned to you for correction and could possibly cause a delay in processing your request.

## ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM

### DESIGNATION OF BENEFICIARY

In accordance with the provisions of ACT 177 of 1957 as amended, creating the Public Employees Retirement System, I \_\_\_\_\_, a member of the Arkansas  
(Print Full Name)

Public Employees Retirement System, enrolled under Social Security Number \_\_\_\_\_, designate \_\_\_\_\_,  
(Print Full Name) (Date of Birth)

\_\_\_\_\_ whose relationship to me is \_\_\_\_\_ as the  
(Address)

beneficiary to whom I request the Board of Trustees of the Arkansas Public Employees Retirement System to pay, in the event of my death, if there are no death-in-service benefits payable, the total amount of the accumulated contributions standing to my credit in the Retirement System.

I hereby authorize the Board of Trustees of the Arkansas Public Employees Retirement System to make payment to the beneficiary whom I have above nominated and agree on behalf of myself and heirs and assigns, that payment so made shall be a complete discharge of the claims and shall constitute a release of the system from any further obligations on account of the benefit. I hereby direct that should I survive the before-mentioned beneficiary, the amount which otherwise would have been payable to the beneficiary shall be paid according to the provisions of the retirement act or to such other beneficiary as I shall hereafter nominate, by written designation filed with the Arkansas Public Employees Retirement System, in accordance with the rules and regulations prescribed by the Board of Trustees.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who, being by me duly sworn, did say that he/she executed the foregoing instrument and acknowledged said instrument to be his/her free act and deed.

In testimony whereof, I have hereunto set my and affixed my official seal in the County and State aforesaid, the day and the year first above written.

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

SEAL